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Attorney's Docket 009523-0283651  
Client Reference: OL97501N-US

NOV 07 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT APPLICATION of:  
NISHIOKA et al.

Confirmation No: 4064

Application No.: 09/957,471

Group Art Unit: 2873

Filed: September 21, 2001

Examiner: Lester, Evelyn A.

Title: OPTICAL APPARATUS

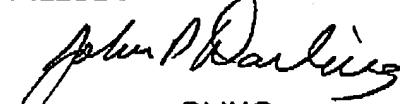
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

CERTIFICATION OF FACSIMILE TRANSMISSION  
UNDER 37 C.F.R. §1.8

I hereby certify that the following papers are being transmitted by facsimile to Examiner Evelyn A. Lester at the Patent and Trademark Office at (571) 273-8300 on the date shown below:

- Fee Transmittal
- Request for Continued Examination (RCE)
- Amendment

Respectfully submitted,  
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Date: November 7, 2005

TOTAL NUMBER OF PAGES IN FACSIMILE: 13

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL for FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 910)

Complete If Known	
Application Number	09/957,471
Filing Date	September 21, 2001
First Named Inventor	KIMIHIKO NISHIOKA
Examiner Name	Lester, Evelyn A.
Art Unit	2873
Attorney Docket No.	009523-0283651

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_ PILLSBURY WINTHROP SHAW

Deposit Account      Deposit Account Number: 033975      Deposit Account Name: PITTMAN LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150.00	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.  
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

Total Claims - 64**	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity Fee (\$)	Fee (\$)	Fee Paid (\$)	
61	- 60 or HP = 5	X 5	= 0.00	50	25	200	100
						360	180

HP = highest number of total claims paid for, if greater than 20

Total Claims - 64**	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
61	- 60 or HP = 5	X 5	= 0.00			

HP = highest number of independent claims paid for, if greater than 3

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)  
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(p)(1)(G) and 37 CFR 1.18(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
100	/50=	(round up to a whole number)	250.00	_____

Fee Paid (\$)

910.00

Fee Paid